

	United States Department of Agriculture	Radiation Safety Program Dosimetry Request (RSS-70)
---	--	--

Consignee Name:	Telephone No.:	Series Code:
Agency:		
Street Address:		
City, State, Zip Code:		

Add Individual to Badge Service:

Name: (<i>Last, First, MI</i>)	
Social Security No: (if no SSN, enter passport No:)	Date of Birth:

Select type of dosimeter:

Whole Body (X-B-G)	Whole Body (X-B-G + Neutron)*	Finger Rings (S, M, L)
--------------------	-------------------------------	------------------------

*Nuclear gauge users

Add Area Monitors

Number of Monitors:

RSS-70, 11/98

Delete Dosimetry Service:*(please circle one of the following)*

Individual	All Dosimeters at this Location
------------	---------------------------------

Individual Information:

Name:	Badge No. or SSN:

Name Change:

Name as it appears on badge:	Change to:
------------------------------	------------

Comments/special instructions

--